

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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14						
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16						
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	3					
25	1					
26	1					
27	2					
28	1					
29	1					
30	1					
31	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	16					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						